

INFORMATION FOR APPLICANTS FOR REGISTRATION AS PROFESSIONAL GEOLOGISTS

Fill in all blanks; print or type. If an item is not applicable to you, complete the blank with “none” or “N/A”. If insufficient space is provided for any item, attach supplemental sheets. Your signature to this form and its notarization constitute an affidavit as to the truth of all information you have submitted.

Your application must be accompanied by a check, made payable to the Kentucky State Treasurer, for the \$50.00 application fee (nonrefundable) plus the applicable fee of \$125.00 for the Fundamentals of Geology and \$150.00 for the Practice of Geology. Examination fees will be refunded if your application is not approved.

If you have passed the Association of State Boards of Geology (ASBOG) exam composed of the Fundamentals of Geology (FG) and the Practice of Geology (PG) and have five (5) years of experience, you may submit only the application fee of \$50.00 along with a copy of the results of the examination.

In addition, a copy of your official transcript is required and must be sent directly from the educational institution to the board. Photocopies of transcripts or transcripts issued to the student are not acceptable.

Please refer to 322A.040 of the enclosed Laws and Regulations for all requirements for registration.

NOTE: If you are a student applying to take the Fundamentals exam as an exit exam from a university, you must submit verification from the Chair of the Geology Department of your university that you are currently enrolled as a full-time student majoring in Geological Sciences.

Filing deadline for the October 3, 2003 exam is August 15, 2003.

**KENTUCKY BOARD OF REGISTRATION
FOR PROFESSIONAL GEOLOGISTS**

**PO Box 1360
Frankfort, KY 40602**

APPLICATION FOR REGISTRATION

FOR OFFICE USE ONLY

Date Received: _____

Application Fee \$50.00

FG Exam Fee: \$125.00

PG Exam Fee: \$150.00

Registration # _____

Date Issued: _____

1. Personal Information:

Name: _____ Social Security #: _____
Last First Middle Date of Birth: _____

Home Address: _____
Street City State Zip

Home Phone: () _____ Business Phone: () _____

Employer: _____ Position or Title _____

Business Address: _____
Street City State Zip

2. Record of College Training:

College/University Name & Location	Dates Attended From To	Date of Graduation Month Year	Semester Hours Of Geology	Degrees Received

3. Exam Information:

Have you successfully passed either portion of the National Association of State Board's of Geology (ASBOG) Exam ? _____. Yes ____ No ____ Fundamentals of Geology (FG) Date _____ Score _____
Practice of Geology (PG) Date _____ Score _____

Are you applying to take the Fundamentals (FG) portion before you have acquired the five (5) years of experience? Yes ____ No _____. (If yes, then response to items 4, 5, 6, and 7 is not necessary.)

4. Record of Experience: Please provide a listing of your qualifying experience in the practice of geology beginning with the most recent position first. Attach a copy of a job description for each position listed and a letter from the supervisor verifying the time, dates, and nature of the experience.

Dates Mo/Yr From To	Title of Position	Employers Name and Address	Name of Supervisor

5. Registration and Licensure History:

- A. Do you now, or have you ever, held a state certification, licensure, or registration to practice geology? _____ Yes No _____
- B. Have you ever been refused certification, licensure, registration or the renewal thereof? _____ Yes No _____
- C. Have you ever had a certification, license, or registration to practice geology or any other profession revoked, suspended, or otherwise acted against in a disciplinary proceeding? _____ Yes No _____

If 4A is answered “Yes” indicate the states on page 3 and include a photocopy of each certification, license, or registration ever held. If 4B or 4C is answered “Yes” you must provide details as to the state, agency, or organization, certificate, license, or registration number, date and state reason on a supplemental sheet.

6. Legal History: Have you, or a partnership, or corporation of which you were a partner, officer, or director, ever been:

- A. Convicted of a crime in any jurisdiction which directly relates to the practice of geology or the ability to practice geology? _____ Yes No _____
- B. Indicted for, or convicted of, a felony in any jurisdiction? _____ Yes No _____
- C. The subject of an investigation, injunction, fine, or penalty concerning any alleged consumer, investor, or securities fraud in any jurisdiction? _____ Yes No _____
- D. A defendant in any jurisdiction in a civil action arising out of your practice of geology? _____ Yes No _____

If the answer to any of the above questions is “Yes” you must provide supplemental information on the details regarding the matter on a separate sheet.

7. Demographic Information:

- A. What is your current primary employment setting? (check one)
- _____ Government Agency
 - _____ Private Industry or Business (single employer)
 - _____ Consulting (multiple clients or employer)
 - _____ Academic Institution
 - _____ Other (please describe) _____
- B. What is your current primary area of practice? (check one)
- _____ Environmental Geology/Hydrogeology
 - _____ Engineering Geology/Geotechnical
 - _____ Mineral Resources – Coal
 - _____ Mineral Resources – Oil and Gas
 - _____ Other (please describe) _____

- C. All 50 states, plus Washington, DC and non-USA are listed below. For each state (including Kentucky) in which you are currently, or in the past, have been registered as a professional geologists, please provide the following information:

Year of Registration – Registration Number – How Registered or Certified

To indicate how you were registered use: G = grandfathered, or exam waived; E= exam passed; R= reciprocity, or O=other. Leave other states blank.

STATE	YEAR	REG NO.	HOW (G/E/O/R)	STATE	YEAR	REG NO.	HOW (G/E/O/R)
AL				NE			
AK				NV			
AZ				NH			
AR				NJ			
CA				NM			
CO				NC			
CT				NY			
DE				ND			
FL				OH			
GA				OK			
HI				OR			
ID				PA			
IL				RI			
IN				SC			
IA				SD			
KS				TN			
KY				TX			
LA				UY			
ME				VT			
MD				VA			
MA				WA			
MI				WV			
MN				WI			
MS				WY			
MO				WASH DC			
MT				NON-USA			

8. Affidavit:

I the applicant named above, do hereby swear or affirm that all statements and information provided herein are true, correct and complete to the best of my knowledge and belief. Any untrue or incorrect statement knowingly made by me on this application shall constitute grounds for such disciplinary action as the Board may determine appropriate.

I agree to fully cooperate in the processing of my application. I will furnish any additional information requested. I hereby grant permission to contact listed references, supervisors, or others who, in the judgement of the Board, may provide information concerning my qualification for registration, and to divulge information contained in the application or obtained in the evaluation of my qualifications, which is necessary to independently verify my qualifications.

Signature: _____

Date: _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same as a warrant of the statements therein contained, of his/her own free will.

Given under my hand and seal of office the _____ day of _____, 20____.

My commission expires _____

Notary Public